

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 207

Primary Registration District No. 5754

Registrar's No. 22

63-029190
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0630

2 0630

3 1

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7 1

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9 153.8

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 5 1963

1. PLACE OF DEATH

a. COUNTY Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Rural Dry Creek

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Maries

c. CITY OR TOWN Rural Dry Creek

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
H

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Frank Middle Lewis Last Gocke

4. DATE OF DEATH
Month 7 Day 17 Year 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
8/19/1875

9. AGE (last birthday)
87

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming Retired

10b. KIND OF BUSINESS OR INDUSTRY
Farm

11. BIRTHPLACE (City and state or country)
Alton, Illinois

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Gustava Gocke

13b. MOTHER'S MAIDEN NAME

Elizabeth Yoakum

14. NAME OF HUSBAND OR WIFE

Agnes Gocke

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Arthur Bassett, Dixon, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH
4 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of Colon.

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 27, 1963 to May 27, 1963 and last saw him alive on May 27, 1963
Death occurred at 3:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Douglas Bates

D.O.

Dixon, Missouri

7-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Burial

7/19/1963

Dixon Cemetery

Dixon Cemetery, Dixon, Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Gilbert Funeral Home, Inc., Dixon, Mo.

July 22, 1963

Drozelle Hutchins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Maurice E. Schiebaum

Licensed Embalmer No.

4505

P. O. Address

Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.